



Fax / Postal Order Form

Fax to : 02 9674 5462 Post to : Cruisin Aust
9 Bethel St
Toongabbie
NSW 2146
Australia

Shipping Address

Name : _____

Address : _____

State : _____ Post / Zipcode : _____

Country : _____ Contact Ph : _____

Your Order

Description	Size	Qty <input type="checkbox"/>	Cost Each	Sub-Total

(\$10.00 for the first pair + \$5.00 for additional pair) Postage :

Total :

Payment Details

Please charge my credit card or Please find enclosed my cheque / money order

Card Type : Visa Mastercard Bankcard

Card Number : Expiry Date : /

Name on card : _____

Address : _____

Signature of Cardholder : _____ Contact Ph Number : _____